

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

December 22, 2016

Ms. Emma Sheldon, Administrator
Holton Home
158 Western Avenue
Brattleboro, VT 05301

Dear Ms. Sheldon:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on December 6, 2016. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/06/2016
NAME OF PROVIDER OR SUPPLIER HOLTON HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 158 WESTERN AVENUE BRATTLEBORO, VT 05301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey was conducted by the Division of Licensing and Protection from 12/5- 12/6/16. The following are regulatory findings.	R100	See attached plan of correction.	
R134 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that a resident assessment was completed in 14 days from admission for 1 of 6 residents sampled (Resident #1). Findings include: Resident #1 was admitted to the home on 3/15/16. The resident assessment was dated 4/5/16, which is 7 days past the 14 day requirement to complete the assessment after admission. Per interview on 12/6/16 at 10:05 AM, the Registered Nurse confirmed that the initial assessment for Resident #1 was not completed within 14 days from the admission.	R134		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES	R145		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Emilia Sheldon

Site Director

12/21/2016

STATE FORM

5299

8DKV11

If continuation sheet 1 of 3

R134-R190 POC accepted 12/22/16 K Campos RNL/PM

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/06/2016
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R145	Continued From page 1 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on record review, resident and staff interview, the home failed to ensure that the plan of care was complete to include identified abilities and needs for 2 of 6 residents reviewed (Resident #1, #2). Findings include: 1. Resident # 1 was admitted in March 2016. The resident is able to manage their own medications, including checking blood glucose and administering their own insulin. The resident also requests to have a glass of orange juice available in their room at night in case their glucose levels drop. Per review of the resident's plan of care, there was no mention of the diagnosis of Diabetes, related interventions, and that the resident manages their own care related to this diagnosis. There also was no mention that the resident is capable of managing their own oral medications and topical treatments, and keeps all of these in a locked box in their room. 2. Resident #2 was admitted to the home on 11/9/16. The resident was evaluated to be safe to self-administer their medications, and wished to manage them independently. Per review of the plan of care, there was no mention of the	R145			

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R145	Continued From page 2 capability of Resident #2 to manage their own medication administration, and that they have the medications in their room.	R145		
R190 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4) The results of the criminal record and adult abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to keep on file the results of criminal record and adult abuse registry checks for 1 of 5 staff in the applicable sample. Findings include: Based on record review, 1 of 5 staff chosen for background pre-hire checks was lacking evidence of criminal and adult abuse registry checks. During interview with the Registered Nurse on 12/6/16 at 10:15 AM, it was confirmed that evidence of these pre-hire background checks was not available for the staff person hired in October, 2016.	R190		

12/21/2016

Plan of Correction (POC)
Holton Home Inc.
158 Western Ave
Brattleboro, VT 05301

Site Director: Emma Sheldon
Resident Care Administrator: Linda Hastings

As a result of the survey conducted on 12/6/2016, we have reviewed each individual resident chart to ensure that all resident assessments are complete, and up to date. We have also done this to ensure that all pertinent care plans have been updated and put in place. All staff files have reviewed to ensure that all required background checks are in place. We have also reviewed our new hire system and have added a check box to the new hire checklist stating "background check results have been printed, reviewed, and put in the employee file." Please see below for the detailed response to each finding.

5.7 Assessment:

Effective immediately, all initial resident assessments will be done within 14 days of the admission. If the primary nurse will be on vacation during that time, she will instruct the nurse who is covering for her on how to complete the initial assessment and the date in which it must be done. The assessments will be monitored on an admission checklist by the RN, and then it will be reviewed by the Site Director within the 14-day period to ensure it is complete.

5.9.c Care Plans:

A new care plan has been written and implemented for resident #1 and #2, and for all other residents that self-medicate. When a resident is admitted, and is assessed as capable to self-medicate, the self-medication care plan will be put in place. A new care plan has been written and implemented for resident #1, and for all other residents with a Diabetic diagnosis. Residents with a Diabetic diagnosis have an individualized care plan outlining any specific needs that they have. A checkbox was added to the admission checklist stating "Implement needed care plans" to ensure that any specialized care plans have been put in place upon admission. The checklist is completed by the RN and then reviewed by the Site Director. Resident care plans are monitored and updated by the RN every 6 months, and when a change in medical status occurs.

5.12.b Background Record Checks:

The staff member found to not have background record checks in place, now has both criminal and adult/child abuse registry record results in the personnel file. Our new hire checklist had a checkbox for when record checks have been filled out by employees. Another checkbox has been put in place stating "background check results have been printed, reviewed, and put in the employee personnel file."



Emma Sheldon
Site Director